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PTO/SB/02 (10-00)

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Application Number	09/760,908
Filing Date	11/6/01
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Group Art Unit	2837
Examiner Name	Kim Lockett
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

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